CHANGE OF ADDRESS/NAME

Please Complete the Applicable Areas:

CHANGE OF ADDRESS:	
Name (as it appears on check or non-negotiable)	Social Security Number
Are you currently receiving an NHRS monthly benefit?	Employer's Name (if you are currently employed)
YesNo	
Old Address	New Address
City, State, Zip	City, State, Zip
Old Telephone	New Telephone
CHANGE OF NAME: Important!! Please provide proof of name change (marriage certificate, legal document, etc.)	
Former Name	
Current Name	Effective Date
IMPORTANT!! Without your authorizing signature, we will be unable to process the changes you have requested.	
Printed Name	
Signature	Date
FOR OFFICE USE ONLY:	
ANNUITANT	ACTIVE
Retirement #	By
Employer #	Date
By Date	